

DOCKET NO. VTN 5039
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: P. Mark Powell et al

Serial No.: 10/767,293

Art Unit:

Filed : January 29, 2004

Examiner:

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For : CONTACT LENS MOLD PRINTING SYSTEMS AND PROCESSES

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

August 11, 2005
(Date of Deposit)

Linda K. Long

(Name of applicant, assignee, or Registered Representative)

Linda Long
(Signature)

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SUBMISSION OF COMBINED DECLARATION AND POWER OF ATTORNEY

Dear Sir:

Pursuant to Rule 53(f) and Rule 54, please find enclosed a Combined Declaration and Power of Attorney for the application of P. Mark Powell et al, entitled CONTACT LENS MOLD PRINTING SYSTEMS AND PROCESSES, attorney Docket No. VTN5039, to complete, pursuant to Rule 51, this application filed on January 29, 2004 by Express Mail pursuant to Rule 10. As required, a copy of the Notice to File Missing Parts of Application is also attached.

Please charge Johnson & Johnson Deposit Account No. 10-0750/VTN5039/JPK in the amounts of \$130.00 for submission of the Declaration pursuant to Section 1.16(e). The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 10-0750/VTN5039/JPK. This sheet is submitted in triplicate.

Respectfully submitted,

JPKincart

Joseph P. Kincart
Reg. No. 43,716
Attorney for Applicant(s)

Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003
(904)443-3074

Please type a plus sign (+) inside this box ☐

PTO/A-8/01 (10-00)

Approved for use through 10/31/2002. Civ 3 0561-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	VTN 5039	
	First Named Inventor	P. Mark Powell et al	
	COMPLETE IF KNOWN		
	Application Number	10/767,293	
	Filing Date	January 29, 2004	
	Group Art Unit		
Examiner Name			

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONTACT LENS MOLD PRINTING SYSTEMS AND PROCESSES
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **01/29/2004** as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent, or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certificate Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION - Utility or Design Patent Application		OFFICE OF PETITIONS
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:		
Application Serial No.	Filing Date	Status
		Patented Patented Patented
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number 000027777		Place Customer Number Bar Code Label Here
AND		
<input checked="" type="checkbox"/> Practitioner(s) named below:		
<u>Name</u> Karen A. Harding Mark R. Warfield Lois Gianneschi	<u>Registration Number</u> 33,967 33,463 32,519	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to Karen Harding at telephone number (904) 443-3074.		
Direct all correspondence to: <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input checked="" type="checkbox"/> Customer Number or Bar Code Label </div> <div style="border: 1px solid black; padding: 2px;">000027777</div> <div>OR</div> <div> <input checked="" type="checkbox"/> Correspondence address below </div> </div>		
Name: Joseph P. Kincart		
Address: Johnson & Johnson		
Address: One Johnson & Johnson Plaza		
City: New Brunswick	State: New Jersey	ZIP 08933
Country USA	Telephone: (904) 443-3074	Fax: (904) 443-3731

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) P. Mark		Family Name or Surname Powell	
Inventor's Signature <i>P. Mark Powell</i>		Date 3-8-05	
Residence: City Jacksonville	State FL	Country USA	Citizenship US
Mailing Address 11598 North Summer Haven Boulevard			
City Jacksonville	State FL	ZIP 32258	Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Michael Francis		Family Name or Surname Widman	
Inventor's Signature <i>Michael F. Widman</i>		Date March 9, 2005	
Residence: City Jacksonville	State FL	Country USA	Citizenship US
Mailing Address 2884 Claire Lane			
City Jacksonville	State FL	ZIP 32223	Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Michael J.		Family Name or Surname Strong	
Inventor's Signature <i>Michael J. Strong</i>		Date 06/21/2005	
Residence: City Jacksonville	State FL	Country USA	Citizenship US
Mailing Address 4458 Summer Haven Blvd., South			
City Jacksonville	State FL	ZIP 32258	Country USA

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